

# CLAIMS ONLY

Application Number

10/787450

Filing Date

Applicant(s)

| CLAIMS       | AS FILED |        | AFTER FIRST AMENDMENT |        | AFTER SECOND AMENDMENT |        |
|--------------|----------|--------|-----------------------|--------|------------------------|--------|
|              | Indep    | Depend | Indep                 | Depend | Indep                  | Depend |
| 1            |          |        |                       |        |                        |        |
| 2            |          |        |                       |        |                        |        |
| 3            |          |        |                       |        |                        |        |
| 4            |          |        |                       |        |                        |        |
| 5            |          |        |                       |        |                        |        |
| 6            |          |        |                       |        |                        |        |
| 7            |          |        |                       |        |                        |        |
| 8            |          |        |                       |        |                        |        |
| 9            |          |        |                       |        |                        |        |
| 10           |          |        |                       |        |                        |        |
| 11           |          |        |                       |        |                        |        |
| 12           |          |        |                       |        |                        |        |
| 13           |          |        |                       |        |                        |        |
| 14           |          |        |                       |        |                        |        |
| 15           |          |        |                       |        |                        |        |
| 16           |          |        |                       |        |                        |        |
| 17           |          |        |                       |        |                        |        |
| 18           |          |        |                       |        |                        |        |
| 19           |          |        |                       |        |                        |        |
| 20           |          |        |                       |        |                        |        |
| 21           |          |        |                       |        |                        |        |
| 22           |          |        |                       |        |                        |        |
| 23           |          |        |                       |        |                        |        |
| 24           |          |        |                       |        |                        |        |
| 25           |          |        |                       |        |                        |        |
| 26           |          |        |                       |        |                        |        |
| 27           |          |        |                       |        |                        |        |
| 28           |          |        |                       |        |                        |        |
| 29           |          |        |                       |        |                        |        |
| 30           |          |        |                       |        |                        |        |
| 31           |          |        |                       |        |                        |        |
| 32           |          |        |                       |        |                        |        |
| 33           |          |        |                       |        |                        |        |
| 34           |          |        |                       |        |                        |        |
| 35           |          |        |                       |        |                        |        |
| 36           |          |        |                       |        |                        |        |
| 37           |          |        |                       |        |                        |        |
| 38           |          |        |                       |        |                        |        |
| 39           |          |        |                       |        |                        |        |
| 40           |          |        |                       |        |                        |        |
| 41           |          |        |                       |        |                        |        |
| 42           |          |        |                       |        |                        |        |
| 43           |          |        |                       |        |                        |        |
| 44           |          |        |                       |        |                        |        |
| 45           |          |        |                       |        |                        |        |
| 46           |          |        |                       |        |                        |        |
| 47           |          |        |                       |        |                        |        |
| 48           |          |        |                       |        |                        |        |
| 49           |          |        |                       |        |                        |        |
| 50           |          |        |                       |        |                        |        |
| Total Indep  |          |        | 1                     |        |                        |        |
| Total Depend |          |        | 0                     |        |                        |        |
| Total Claims |          |        | 1                     |        |                        |        |

  

| May be used for additional claims or amendments |          |        |       |        |       |
|---|----------|--------|-------|--------|-------|
|   | 10-24-05 |        |       |        |       |
|   | Indep    | Depend | Indep | Depend | Indep |
| 51  |          |        |       |        |       |
| 52  |          |        |       |        |       |
| 53  |          |        |       |        |       |
| 54  |          |        |       |        |       |
| 55  |          |        |       |        |       |
| 56  |          |        |       |        |       |
| 57  |          |        |       |        |       |
| 58  |          |        |       |        |       |
| 59  |          |        |       |        |       |
| 60  |          |        |       |        |       |
| 61  |          |        |       |        |       |
| 62  |          |        |       |        |       |
| 63  |          |        |       |        |       |
| 64  |          |        |       |        |       |
| 65  |          |        |       |        |       |
| 66  |          |        |       |        |       |
| 67  |          |        |       |        |       |
| 68  |          |        |       |        |       |
| 69  |          |        |       |        |       |
| 70  |          |        |       |        |       |
| 71  |          |        |       |        |       |
| 72  |          |        |       |        |       |
| 73  |          |        |       |        |       |
| 74  |          |        |       |        |       |
| 75  |          |        |       |        |       |
| 76  |          |        |       |        |       |
| 77  |          |        |       |        |       |
| 78  |          |        |       |        |       |
| 79  |          |        |       |        |       |
| 80  |          |        |       |        |       |
| 81  |          |        |       |        |       |
| 82  |          |        |       |        |       |
| 83  |          |        |       |        |       |
| 84  |          |        |       |        |       |
| 85  |          |        |       |        |       |
| 86  |          |        |       |        |       |
| 87  |          |        |       |        |       |
| 88  |          |        |       |        |       |
| 89  |          |        |       |        |       |
| 90  |          |        |       |        |       |
| 91  |          |        |       |        |       |
| 92  |          |        |       |        |       |
| 93  |          |        |       |        |       |
| 94  |          |        |       |        |       |
| 95  |          |        |       |        |       |
| 96  |          |        |       |        |       |
| 97  |          |        |       |        |       |
| 98  |          |        |       |        |       |
| 99  |          |        |       |        |       |
| 100   |          |        |       |        |       |
| Total Indep                                     |          |        |       |        |       |
| Total Depend                                    |          |        |       |        |       |
| Total Claims                                    |          |        |       |        |       |